

1905

PLACE OF BIRTH
County of Maricopa
District of _____
Town of Morenci
or _____
City of _____
(No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH 71 State Index No. 538
Co. Register No. 42
Local Registrar's No. 28

Full NAME OF CHILD James Dennis Morenci Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>	Legitimacy <u>yes</u>	Date of Birth <u>Feb 7</u> 191 <u>3</u> (Month) (Day) (Yr.)
FATHER Full Name <u>James Edwin Morenci</u> Residence <u>Morenci</u> Color or Race <u>English</u> Age at last Birthday <u>32</u> (Years) Birthplace <u>Cornwall England</u> Occupation <u>Mechanic</u>			MOTHER Full Maiden Name <u>Elizabeth Dennis</u> Residence <u>Morenci</u> Color or Race <u>English</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Cornwall England</u> Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Feb 7 1913, at 5 A.M.
*When there is no attending physician or midwife, then the householder should make this return.
(Signature) [Signature]
(Attending physician, midwife, householder,*)
Given or christian name added from a supplemental report _____ 191_____
Address Morenci, Ariz
LOCAL REGISTRAR
COUNTY REGISTRAR
A True Copy
COUNTY REGISTRAR

8-In case of m...
The number of each...
no child at a birth a SE...
of birth stated. This certificate must be filed by the attending physician or...
within 5 days after birth.